2022-2024 CD/STD Policy Review for **AA536**

County: _____   Date of Review: _____

Reviewer Name: _____

Policy Element STD Services	Policy Review indicates agency does not charge for required STD services.	Billing policy indicates exceptions and follows current billing and coding guidance		Policy review indicates symptomatic clients are offered care within one workday	**Recommendations/Comments**
Policy Name STD Program Staffing*	Current	Clinical oversight of STI Program by RN, APP, or MD (day to day operations)		Overview of Staff by discipline, function, etc.	**Recommendations/Comments**

Policy Name STD Staff Qualifications*	Current	2 staff with CTR training	Licensure requirements	PHN requirements (NCCPHN course/BSN)	Lab Training *If needed*	Pharmacy Training *If needed*	STD ERRN Requirements *If applicable*	**Recommendations/ Comments**

Policy Name STD Staff Orientation*	Current	Specific STD orientation for all STD staff	New Provider training		**Recommendations/Comments**
Policy Name STD Staff Development*	Current	STD ERRN CE	Annual STD ERRN observations	Annual training for STD staff (non-ERRN); recommended	**Recommendations/Comments**
Policy Name STD Exam, Test, Treat, Counsel, Refer	Current	Expectation of full exam	Reference STD manual and CDC treatment guidelines	All five elements (examination, testing, treatment, counseling, referral) addressed in policy	**Recommendations/Comments**
Policy Name Express STD Clinic Services	Current	Triage Process for eligibility	List of included services	Staffing of Clinic outlined	Education/counseling included as part of service	**Recommendations/Comments**

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Policy Name Expedited Partner Therapy	Current	Covered infections are specified	Hetero-sexual partners only	First line treatments specified	Pharmacy Documentation	Education/ counseling materials sent with medicine	**Recommendations/Comments**

Policy Name STD Program NCEDSS Reporting	Current	30 day timeframe	Staff with statewide Hep B access	Staff with statewide syphilis read-only access	Use non-RN staff for data entry	**Recommendations/Comments:**	

Policy Name STD Community Outreach to Residents	Current	Type of Outreach listed		Staff used in outreach are listed	**Recommendations/Comments** *Recommend agency keep log of community outreach activities*	

Policy Name STD Community Outreach to Medical Providers	Current	Type of Outreach listed	Staff used in outreach are listed	Outreach includes ensuring use of current STD treatment guidelines	**Recommendations/Comments** *Recommend agency keep log of provider outreach activities*	

✓ = Present or Yes   O = Not present or No   N/A = not applicable

*These policies may be separate or combined.

Summary Notes on Policy Review:

7/20/2023